



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/782,585
Filing Date	02/18/2004
First Named Inventor	JOHN C. DELACY
Group Art Unit	2863
Examiner Name	H. Vo
Attorney Docket Number	7614-US1

Total Number of Pages in This Submission 12

ENCLOSURES (check all that apply)

- | |
|--|
| <input type="checkbox"/> Fee Transmittal Form |
| <input type="checkbox"/> Fee Attached |
| <input checked="" type="checkbox"/> Amendment / Reply |
| <input type="checkbox"/> After Final |
| <input type="checkbox"/> Affidavits/declaration(s) |
| <input checked="" type="checkbox"/> Extension of Time Request |
| <input type="checkbox"/> Express Abandonment Request |
| <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |

- | |
|---|
| <input type="checkbox"/> Assignment Papers (for an Application) |
| <input checked="" type="checkbox"/> Drawing(s) |
| <input type="checkbox"/> Licensing-related Papers |
| <input type="checkbox"/> Petition |
| <input type="checkbox"/> Petition to Convert to a Provisional Application |
| <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address |
| <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> CD, Number of CD(s) _____ |

- | |
|--|
| <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |

1. Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas F. Lenihan, Reg. No. 32,152 Tektronix, Inc.
Signature	
Date	12/06/2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

12/06/2005

Typed or printed name Marilyn Pashby

Signature

Date

12/06/2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1020.00

Complete if Known

Application Number	10/782,585
Filing Date	02/18/2004
First Named Inventor	JOHN C. DELACY
Examiner Name	H. Vo
Art Unit	2863
Attorney Docket No.	7614-US1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 20-0352 Deposit Account Name: TEKTRONIX, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
13 - 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
1 - 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
.00	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Three month extension of time

Fees Paid (\$)

1020.00

SUBMITTED BY

Signature

Registration No. 32,152
(Attorney/Agent)

Telephone 503-627-7266

Name (Print/Type)

Thomas F. Lenihan

Date December 6, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.